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# TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number	10/668,509
Filing Date	September 22, 2003
First Named Inventor	Leonard Schlessinger
Art Unit	2123
Examiner Name	Unassigned
Total Number of Pages in This Submission	3
Attorney Docket Number	KAIS-0008

## ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimers (3) <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <b>Request for Withdrawal as Attorney or Agent and Change of Correspondence Address (1 pg); Attachment to Request for Withdrawal as Attorney (1 pg).</b>
<div>Remarks</div>		

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	David B. Ritchie, Reg. No. 31,562 Thelen Reid & Priest LLP
Signature	
Date	11/12/04

## CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

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Signature		Date	11/12/2004

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**REQUEST FOR WITHDRAWAL  
AS ATTORNEY OR AGENT  
AND CHANGE OF  
CORRESPONDENCE ADDRESS**

Application Number	10/668,509
Filing Date	September 22, 2003
First Named Inventor	Leonard Schlessinger
Art Unit	2123
Examiner Name	Unassigned
Attorney Docket Number	KAIS-0008

To: Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Please withdraw me as attorney or agent for the above identified patent application, and

- ☐ all the attorneys/agents of record.
- ☒ all the attorneys/agents (with registration numbers) listed on the attached paper(s), or
- ☐ all the attorneys/agents associated with Customer Number

NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.

The reasons for this request are: Client requested transfer of cases to other law firm.

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1. ☐ The correspondence address is NOT affected by this withdrawal.
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OR

<input checked="" type="checkbox"/> Firm or Individual Name	Robert A. Saltzberg				
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Name	David B. Ritchie	Registration No.	31,562		
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NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

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**Attachment to Request for Withdrawal as Attorney or Agent**

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